

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila

1. County of Gila  
District of Inspiration  
Town of miami  
or  
City of \_\_\_\_\_

No. C-116 Mornahine Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 155  
County Registrar No. 743  
Local Registrar No. \_\_\_\_\_

2. Full name of child Alfred Harry Butler  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Sept. 20, 1924  
Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

8. FATHER  
Full name Alfred Harry Butler

9. Residence (Usual place of abode) Inspiration, Ariz.  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Douglas, Raton  
(State or country) Arizona New Mex.

13. Occupation Acetylene welder  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Leta May New

15. Residence (Usual place of abode) Inspiration, Ariz.  
If nonresident, give place and state \_\_\_\_\_

16. Color or race White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Douglas  
(State or country) Arizona

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was alive at 2:55 a.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature J. J. Miller  
(Physician or midwife)  
Address miami, Arizona  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed Sept 30 1924 Q.E. J. Miller Local Registrar.  
Filed 10-6 1924 B. E. J. Miller County Registrar.

Registrar. \_\_\_\_\_

129-920-390